2005 FOR PROFIT CORPORATION ANNUAL REPORT

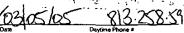
Mar 11, 2005 8:00 am Secretary of State **DOCUMENT # P03000040578** 03-11-2005 90319 029 ***150 00 1. Entity Name POUR TOI DESIGNS, INC. Principal Place of Business Mailing Address 20072777 807 S. PACKWOOD AVE. 807 S. PACKWOOD AVE. TAMPA, FL 33606 TAMPA, FL 33606 02072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 74-3091553 Not Applicable \$8.75 Additional - -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUGGINO, JOSEPH G DO NOT WRITE 3115 SWANN AVE. TAMPA, FL 33609 IN THIS SPACE 8. The above named entity, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. त्र । विश्व के कार्य के किए किए किए किए किए कि इस्ते के किए किए के कार्य के कार्य के कार्य के कार्य के कार्य के कार्य के किए किए किए किए किए किए किए किए किए क इस्ते के किए के कार्य के किए क SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. TITLE NAME HOMSY, MARIANNE 807 S. PACKWOOD AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE . NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder cytrustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 in changed, or on an attachment attachment attachment attachment attachment attachment attachment and the conduction of the corporation of the corporati changed, or on an attaching in address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

A PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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